

CITY OF COWETA
CUSTOMER AUTHORIZATION
FOR AUTOMATED DEBIT ENTRIES

AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS

COMPANY NAME _____ City of Coweta _____

I (we) hereby authorize _____ City of Coweta _____, to initiate debit

entries to my (our) ☐ **Checking Account** ☐ **Savings account** *(select one)*

indicated below and the depository named below, hereinafter called DEPOSITORY,

to debit same to such account to pay Utility Account # _____.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and
DEPOSITORY has received written notification from me *(or either of us)* of its
termination in such time and in such manner as to afford COMPANY and
DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ID NO. _____

DATE _____ SIGNED _____

Mailing Address City of Coweta
 Attn: Billing Clerk
 P. O. Box 850
 Coweta, OK 74429